

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Heaton

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

David Heaton

Political Party (if applicable)

Republican

Office Sought

State Representative

District (if Senate or House)

91

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

930

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

David Heaton
SIGNATURE OF PERSON FILING REPORT

319-931-4792
TELEPHONE

1/22/08
DATE SIGNED

I AM FILING A January 19 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☒

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

20,928.19

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

32,294.71

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

1600.25

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

30,694.46

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Heaton

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4/4/07	ID# 6078 CK# 1634	Iowa Physical Therapy PAC 1228 8th Street West Des Moines, IA 50265-2624		\$100	<input type="checkbox"/>
5/9/07	ID# CK#	USBank Mt. Pleasant, IA Interest on CD# 396401521911		616.52	<input type="checkbox"/>
5/31/07	ID# 6027 CK# 2572	Deere & Co PAC One John Deere Plaza Moline, IL 61265		500	<input type="checkbox"/>
6/19/07	ID# CK# 4361	Dana Petrowsky 1687 Hickory Hills Ct. Clive, IA 50325		150	<input checked="" type="checkbox"/>
6/19/07	ID# 6059 CK# 2968	IA Comm. of Auto Retailers 1111 Office Park Road West Des Moines, IA 50265		150	<input checked="" type="checkbox"/>
6/19/07	ID# 6118 CK# 2444	Iowa Optometric Assn. PAC 1454 30th Street, Suite 204 West Des Moines, IA 50266		200	<input checked="" type="checkbox"/>
6/19/07	ID# 6069 CK# 2436	Iowa Industry PAC 904 Walnut Street, Suite 100 Des Moines, IA 50309-3503		100	<input checked="" type="checkbox"/>
6/19/07	ID# CK# 2920	Threase Harms-Hassoun 1908 79th Street Windsor Heights, IA 50322		100	<input checked="" type="checkbox"/>
6/19/07	ID# 6058 CK# 4022	Iowa Chiropractic Society PAC 1605 N. Ankeny Blvd, Suite 100 Ankeny, IA 50023		100	<input checked="" type="checkbox"/>
6/19/07	ID# CK# 2797	Kristle Oliver 4414 Amek Avenue Urbandale, IA 50310-3235		150	<input checked="" type="checkbox"/>

SUB-TOTAL

\$2166.52

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Heaton

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6/19/07	ID# CK# 3948	Shelley Chandler 8029 Dellwood Drive Urbandale, IA 50322		\$100	<input checked="" type="checkbox"/>
7/6/07	ID# 6077 CK# 1919	Iowa Pharmacy PAC 8518 Douglas Avenue Suite 16 Des Moines, IA 50320		250	<input type="checkbox"/>
7/13/07	ID# CK# 8723	Ben Khan 936 14th Street West Des Moines, IA 50265		100	<input type="checkbox"/>
8/15/07	ID# C00199703 CK# 13402	GlaxoSmithKline PAC 5 Moore Drive Research Triangle Park, NC 27709		1000	<input type="checkbox"/>
8/16/07	ID# 6488 CK# 2001	Iowa Providers PAC 7025 Hickman Road, Suite 5 Urbandale, IA 50322		2500	<input type="checkbox"/>
9/4/07	ID# CK# 6905	B. Ilie Grimm 402 W. Front Street Wayland, IA 50654-9727		50	<input type="checkbox"/>
9/4/07	ID# CK# 1624	Robert G. Reid 708 N. Main Wayland, IA Mount Pleasant, IA 52641		25	<input type="checkbox"/>
9/4/07	ID# 6067 CK# 3720	Iowa Health PAC 6750 Westown Parkway #100 West Des Moines, IA 50266		500	<input type="checkbox"/>
9/4/07	ID# CK# 3259	Steve Ackerson 1634 NW 131st Street Clive, IA 50325		200	<input type="checkbox"/>
9/4/07	ID# CK# 3660	Ryan Matheny 2433 Iowa Avenue Mt. Pleasant, IA 52641		400	<input type="checkbox"/>

SUB-TOTAL

\$5125

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Heaton

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/4/07	ID# CK# 5914	Mike Hoching 105 E. Cleveland New London, IA 52645		\$25	<input type="checkbox"/>
11/14/07	ID# 8475 CK# 1217	MedImmune PAC 1 MedImmune Way Groethesburg, MD 20878		200	<input type="checkbox"/>
11/15/07	ID# 6058 CK# 4162	Iowa Chiropractic Society PAC 1605 N. Ankeny Blvd #100 Ankeny, IA 50023		100	<input type="checkbox"/>
11/26/07	ID# CK# 1627	Russell Cox 3223 Jewel Avenue Salem, IA 52649		50	<input type="checkbox"/>
11/26/07	ID# 8073 CK# 7529	Waste Management PAC 701 Pennsylvania Avenue NW Washington, DC 20004		500	<input type="checkbox"/>
12/20/07	ID# 9764 CK# 1007	Dental Dental of Iowa 2401 SE Tunes Drive, Suite 13 Ankeny, IA 50021		200	<input type="checkbox"/>
12/20/07	ID# 6063 CK# 2135	Iowa Dental Association PAC 5530 West Parkway, Suite 100 Johnston, IA 50131		2500	<input type="checkbox"/>
12/20/07	ID# CK# 1059	James M. Myers 6600 Westown Parkway West Des Moines, IA 50266		250	<input type="checkbox"/>
12/20/07	ID# CK# 1063	Michael Medved 6600 Westown Parkway West Des Moines, IA 50266		250	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$4075

TOTAL (if last page of this schedule)

\$11366.52

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/16/07	ID# CK# 1010	Dave Heaton 510 East Washington Street Mount Pleasant, IA 52641	Reimbursement for NCSL Conference Lodging	\$408.62
1/16/07	ID# CK#	US Bank Mount Pleasant, IA 52641	Bank Service Fee	5.35
2/14/07	ID# CK#	US Bank Mount Pleasant, IA 52641	Bank Service Fees & Charges	40.66
3/14/07	ID# CK#	US Bank Mount Pleasant, IA 52641	Bank Service Fee	8.56
8/29/07	ID# CK# 1011	Dave Heaton 510 East Washington Street Mount Pleasant, IA 52641	Reimbursement for NCSL Conference Registration	495.00
8/29/07	ID# CK# 1012	Dave Heaton 510 East Washington Street Mount Pleasant, IA 52641	Reimbursement for NCSL Conference Lodging	511.41
8/29/07	ID# CK# 1013	Dave Heaton 510 East Washington Street Mount Pleasant, IA 52641	Reimbursement for NCSL Conference Travel Expenses	122.36
10/15/07	ID# CK#	US Bank Mount Pleasant, IA 52641	Bank Service Fee	8.56
SUB-TOTAL				\$1600.25
TOTAL (if last page of this schedule)				\$1600.25

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. 06/97)		IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Heaton



DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/19/07	Dave Heaton 510 East Washington Street Mount Pleasant, IA 52641	Candidate	Fundraiser Expenses	\$122.37	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 122.37

TOTAL (if last page of this schedule) \$ 122.37

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Page 1 of 1
(for Schedule E)